

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

18 — 2002

2. STATE:

FLORIDA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

May 1, 2003

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 435

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$14,254

b. FFY 2004 \$38,385

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-A, page 26

Attachment 2.6-A, page 13, page 14, and page 14a

Attachment 2.6-A, Supplement 8a, page 1

Attachment 2.6-A, Supplement 10, page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 2.2-A, page 26

Attachment 2.6-A, page 13, page 14, and page 14a

Attachment 2.6-A, Supplement 8a, page 1

Attachment 2.6-A, Supplement 10, page 1

10. SUBJECT OF AMENDMENT:

Medically Needy Income Disregard

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

will be provided when received

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mr. Bob Sharpe

14. TITLE:

Deputy Secretary

15. DATE SUBMITTED:

16. RETURN TO:

Mr. Bob Sharpe

Deputy Secretary for Medicaid

Agency for Health Care Administration

2727 Mahan Drive MS#20

Tallahassee, FL 32308

ATTN: Wendy Johnston

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

December 27, 2002

18. DATE APPROVED:

March 26, 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

May 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Rhonda E. Cottrell

22. TITLE:

Associate Regional Administrator

Division of Medicaid & Children's Health

23. REMARKS:

Approved with the following correction to Item 1:

18-2002 is changed to 2000-18

Changes to Item 8 and Item 9 per

letter dtd January 24, 2003:

Delete lines 1, 2, 4

Add Attachment 2.6-A, Page 6a

Add Attachment 2.6-A, Page 7

State: FLORIDA

| Citation | Condition or Requirement |
|----------|---|
| <u>X</u> | <u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the resource levels for mandatory and optional categorically needy poverty level related groups, and for medically needy groups. |
| — | <u>Supplement 7 to ATTACHMENT 2.6-A</u> specifies the income levels for categorically needy aged, blind and disabled persons who are covered under requirements more restrictive than SSI. |
| — | <u>Supplement 4 to ATTACHMENT 2.6-A</u> specifies the methods for determining income eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act. |
| — | <u>Supplement 5 to ATTACHMENT 2.6-A</u> specifies the methods for determining resource eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act. |
| <u>X</u> | <u>Supplement 8a to ATTACHMENT 2.6-A</u> specifies the methods for determining income eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902(r)(2) of the Act. |
| <u>X</u> | <u>Supplement 8b to ATTACHMENT 2.6-A</u> specifies the methods for determining resource eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902(r)(2) of the Act. |
| <u>X</u> | <u>Supplement 14 to ATTACHMENT 2.6-A</u> specifies income levels used by States for determining eligibility of Tuberculosis-infected individuals whose eligibility is determined under §1902(z)(1) of the Act. |

TN No. 02-18
Supersedes
TN No. 95-17

Approval Date 3/25/03 Effective 5/1/03

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: FLORIDA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

| <u>Citation(s)</u> | <u>Condition or Requirement</u> |
|--------------------------|---|
| 1902(r)(2) of the Act | <p>1. <u>Methods of Determining Income</u></p> <p>a. <u>AFDC-related individuals (except for poverty level related pregnant women, infants, and children).</u></p> <p>(1) In determining countable income for AFDC-related individuals, the following methods are used:</p> <p>— (a) The methods under the State's approved AFDC plan only; or</p> <p><u>X</u> (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p> <p>(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.</p> |
| 1902(e)(6) the Act | <p>(3) Agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.</p> |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: FLORIDA

MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT*

☐ Section 1902(f) State ☒ Non-Section 1902(f) State

Coverage Groups

1902(a)(10)(E) and
and 1902(m) of the Act
1902(a)(10)(A)(ii)(XV)

When income is received more often than once per month (weekly, biweekly), the monthly income from that source will be computed by first determining the weekly income amount and then multiplying that amount by 4. We will not treat 4 week months any differently than 5 week months.

The anticipated weekly income for fluctuating income will be projected at the time of application by using the most recent six weeks of income (or less, if appropriate). After that, it will be recomputed every six months or when the client reports a change.

In the event an individual would be denied or terminated by the use of this methodology, actual income (if less), will be used.

In-kind support and maintenance (ISM) is not considered in determining income eligibility.

42 CFR 435.308 (as
specified in the
State Plan)

When determining the eligibility of a pregnant woman, a child, a disabled, blind or aged person, an additional \$270.00 will be deducted from the countable income of the filing unit. (Note that disregard does not apply when determining the eligibility of the caretaker relative.)

42 CFR 435.320
42 CFR 435.322
42 CFR 435.324
42 CFR 425.301 (b)(1)(i)
and (ii)

*More liberal methods may not result in exceeding gross income limitations under § 1903(f).